Telemedicine Task Force

An Update to the Maryland Health Quality and Cost Council

September 13, 2013

The MARYLAND HEALTH CARE COMMISSION

Discussion Topics

- Telemedicine Adoption
- Legislative Activity Overview
- Task Force Background and Current Activities
- Reporting Timeframes

Statewide Telemedicine Adoption

- Nationally: American Telemedicine Association estimates roughly 200 telemedicine networks in the U.S.; connectivity to over 3,500 sites
- Maryland hospitals: About 46 percent are using telemedicine
- Maryland physicians: About 12 percent are using telemedicine, roughly 28 percent are primary care physicians, 10 percent are behavioral health, and the other remaining approximately 62 percent are other specialties
- Maryland health care organizations: Two emerging value-based reimbursement models in Maryland
- Retail health clinics: Pharmacy and supermarket based clinics are beginning to develop telemedicine programs

Legislative Activity Overview

- Senate Bill 781, *Health Insurance – Coverage for Services Delivered through Telemedicine* (2012) (SB 781)
  - Requires State-regulated payers to provide coverage for health care services delivered through telemedicine
- Senate Bill 798, *Hospitals – Credentialing and Privileging Process – Telemedicine* (2013) (SB 789)
  - Enables hospitals to rely on credentialing and privileging decisions made by distant site
- Senate Bill 496, *Maryland Medical Assistance Program – Telemedicine* (2013) (SB 496)
  - Requires the Maryland Medical Assistance Program to provide reimbursement for certain services delivered through telemedicine under certain circumstances
- Senate Bill 776, *Telemedicine Task Force – Maryland Health Care Commission* (2013) (SB 776)
  - Requires MHCC, in conjunction with the Maryland Health Quality and Cost Council, to reconvene the 2010 task force

Telemedicine Task Force Background

2010

- Created in response to the Maryland Department of Health and Mental Hygiene's report, *Improving Stroke Care Through Telemedicine in Maryland*, and to recommendations of the Maryland State Advisory Council on Heart Disease and Stroke
- Charged to identify challenges and develop solutions to advance telemedicine
- Report submitted to the Maryland Quality and Cost Council (Council) in September 2010

2011

- 2010 task force expanded to three advisory groups
- Required to make recommendations to the Council for advancing telemedicine
- Recommendations resulted in two laws

2013-14 Task Force Activities

- Identify opportunities for telemedicine in improving health status and care delivery
  - Statewide opportunity phased in locally through underserved rural areas
  - Recommendations will support the Triple Aim: improve health of population served, experience of each individual, and affordability as measured by total cost of care
- Advisory groups (clinical, technology solutions and standards, and finance and business model) develop recommendations to identify the role of telemedicine in innovative care delivery models
- Assess methods to use telemedicine for improving access to health care and transforming care delivery
- Develop interim and final reports to the Governor and General Assembly

MHCC's Involvement in the Task Force

- Convene stakeholder meetings
- Pose key policy questions for discussion
- Identify views of the issues or topics under consideration
- Provide education on the technical issues
- Facilitate discussion that leads to formulating substantive recommendations

Key Discussion Items

Clinical Advisory Group	Finance and Business Model Advisory Group	Technology Solutions and Standards Advisory Group
The role of telemedicine in advance primary care delivery models; innovative service models for diverse care settings	Applications for cost-effective telehealth	Supportive uses of electronic health records and health information exchange
Use cases for evaluation (e.g. stroke, dermatology, emergency services, etc.)	Innovative payment models	Emerging technology and standards for security
Patient engagement, education and outcomes	Public and private grant funding	Identify strategies for telehealth deployment in rural areas to increase access to health care
Health professional productivity, resources and shortages; underserved population areas	Identify strategies for telehealth deployment to meet any increased demand for health care due to the implementation of the Patient Protection and Affordable Care Act	

Technology Advisory Group – Initial Activities

- Explore the use of a provider registry in the State-Designated Health Information Exchange, the Chesapeake Regional Information System for our Patients (CRISP)
  - The registry would contain information on providers who participate in telemedicine, specialty, availability, and technology
  - Providers could access the CRISP query portal to locate a telemedicine provider and have access to a patients' clinical data
  - Direct Messaging would be used by providers to exchange clinic information
- This approach does not limit provider technology options around telemedicine and electronic health records

Technology Advisory Group – Guiding Principles

- Foster patient-centered telemedicine solutions that allow for the measurement of quality and clinical outcomes
- Allow the marketplace to develop technology solutions with minimal State requirements, consistent with industry standards that enable interoperability, and in compliance with federal and State privacy and security laws
- Identify technical approaches that enable telemedicine to be a component of innovative care delivery models
- Propose telemedicine solutions that incorporate the use of health information exchange and electronic health records

Clinical Advisory Group – Initial Activities

- Explore whether the purchase of telemedicine technology could be built into reimbursement
- Evaluate leading barriers to telehealth:
  - Reimbursement from Medicaid
  - The cost of development, i.e. technology and interoperability
  - Licensing/hospital credentialing
  - Provider acceptance
  - Lack of advocacy
  - Resistance to develop at the originating site
  - The challenges of rurality in the state as compared to other states that have high telemedicine adoption rates

Clinical Advisory Group – Guiding Principles

- Look beyond telemedicine and include discussions of and recommendations for other telehealth interventions
- The use of telehealth should be encouraged and reimbursed when best practices support improved access, improved clinical outcomes, improved health professional productivity, and cost savings regardless of the geographical location of the patient
- Align work with State and national health care priorities
- Barriers to the licensing and credentialing should be addressed, and remain sufficiently robust to ensure patient safety and quality of care
- Consumers, as well as health care providers, should be educated on the appropriate uses and benefits of telehealth
- Develop recommendations that enable synergies with the Technology Solutions and Standards as well as the Finance and Business Model Advisory Groups

Reporting Timeframes

Legislative Reports	Due Date
Interim report to Governor, Senate Finance Committee, and House Health and Government Operations Committee	January 1, 2014
Final report to Governor, Senate Finance Committee, and House Health and Government Operations Committee	December 1, 2014

Thank You!

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